

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	Col CHAS	X	21 Nov
2.	Col Wells	KW	24 Nov
3.	MG THOMPSON		
4.			
5.			

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	<input checked="" type="checkbox"/> For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

GRILL FLAME (U)  
CLOSE HOLD/HAND CARRY

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Maj Stone	
	Phone No.
	5-5848